inma
Sharing ideas. Inspiring change.

SILICON VALLEY **STUDY TOUR**

NOVEMBER 2-6
2015

Registration Form

☐ **E-MAIL**
E-mail this registration form to eric.hutchins@inma.org.

☐ **FAX**
Fax this form, along with credit card or bank transfer payment to INMA at +1 214 373-9112. To reach INMA, please call +1 214 373-9111.

PLEASE PRINT OR TYPE (all information is required)

☐ Mr. ☐ Ms. ☐ Other _____

Name _____ Title _____

Address _____ Company _____

Postal or Zip Code _____ City/State/Province _____

Telephone _____ Country _____

Mobile _____ E-Mail _____

Fax _____ Web _____

REGISTRATION

	By July 31	*August 1 - August 28*	*After August 28*
☐ Registration with hotel	US$9,500	US$10,500	US$11,500
☐ Registration without hotel	US$7,500	US$8,500	US$9,500

Note: *All rates are per person. You must be an INMA member to participate in the Study Tour.*

Price includes: *Bus transfers during study tour, lunches during the five tour days, 2 networking dinners during the week, expert guide to Silicon Valley, preparatory materials for tour, INMA staff who arranges tour and accompanies group. Registration with hotel includes hotel accommodations at the* ***Grand Hyatt San Francisco Union Square*** *from Sunday evening, November 1, through Friday morning, November 6.*

Not included: *Airline transportation, airport transfers, and meals not specifically outlined.*

PAYMENT METHOD all payments must be in U.S. dollars drawn on a U.S. bank

☐ I have enclosed a check/money order in the amount of $ _____ ☐ Please invoice me for bank transfer

☐ Charge my fee to: ☐ MasterCard ☐ Visa ☐ American Express

Credit Card Number _____ Expiration Date _____

Name on Credit Card _____ Signature _____

Security Code _____

REGISTRATION POLICIES

Cancellation/Substitution Policy: Conference registrations are subject to a US$250 fee for cancellations between August 26 and October 7. No refunds or credits are granted after October 7. Substitutions are complimentary and welcome at any time.

Photo Release Statement: By registering for this event, you give INMA permission to use photographs and/or videos of the registered individual for publicity purposes in the future both online and in printed materials.

INMA reserves the right to change information contained on this form as circumstances change.

FOR OFFICE USE ONLY **Check Number** _____ **Amount** _____ **Date** _____